

# INDIVIDUAL LICENSE REINSTATEMENT APPLICATION

UTAH INSURANCE DEPT  
3110 State Office Building  
PO Box 146901  
Salt Lake City, UT 84114-6901

Name: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_  
(See fees below)

SSN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Utah license #: \_\_\_\_\_

License type: \_\_\_\_\_ (Resident / Non-Res. Producer, Adjuster, Limited, Etc.)

## Reinstatement fees:

**\$127.00 - Full Lines Licenses (Life, Accident, Health, Property, Casualty, etc.)**

**\$102.00 - Limited Licenses (Credit, Motor Club, Travel, Car Rental, etc.)**

**\*\*\* Add paper processing fee (\$25.00) if submitting by paper.**

## To reinstate your license:

**\*\*\*Electronic online processing is the preferred method for Reinstatements.** Online Reinstatements are available for Utah residents at [www.sircon.com/utah](http://www.sircon.com/utah). Non-resident applicants may use either [www.sircon.com/utah](http://www.sircon.com/utah) or [www.nipr.com](http://www.nipr.com). NIPR is not available for Utah residents.

A lapsed license may be reinstated up to one year after the expiration date. A voluntarily surrendered license may be reinstated up to one year after inactivation, but no later than the original expiration date in which the license was surrendered. After one year, a person must apply as a new license applicant. A resident individual license will not be reinstated if the required CE hours have not been completed.

You may use this paper form to reinstate an inactive license. **If you choose to reinstate by paper, please include the additional \$25.00 paper processing fee**, and submit the following to the Department:

1. Print and complete both pages of this form and return with payment (check or credit card authorization).
2. If you answered "yes" to any background questions, please provide the documentation requested.

Upon the receipt of fees, and approval of this completed application, your reinstated license will be issued. A hard copy of a new license can be printed at [www.sircon.com/utah](http://www.sircon.com/utah). Check status of this process at [www.insurance.utah.gov](http://www.insurance.utah.gov).

If you have questions or concerns, please contact our office 7AM--6PM Mountain Time Monday – Thursday.

Contact person: Kris Redmond 801-538-3184 [kredmond@utah.gov](mailto:kredmond@utah.gov) Fax # 801-538-3830

## Credit card information:

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Amount Authorized: \_\_\_\_\_

Revised 3/12/09

**BACKGROUND INFORMATION -- PLEASE READ CAREFULLY AND ANSWER ACCURATELY:**

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes\_\_\_\_\_ No \_\_\_\_\_

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or conditions involving drinking under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstance of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was that waiver granted? (Attach a copy of 1033 waiver approved by home state.) N/A\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes\_\_\_\_\_ No \_\_\_\_\_

“Involved” means having a license censured, suspended, revoked, cancelled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied, or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstance of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

3. Residents: If applicable, have you completed the required continuing education hours? Yes\_\_\_\_\_ No \_\_\_\_\_

**CE requirements do not apply to residents holding a limited license, or to those producers who have been licensed continuously since April 1, 1970. All required CE must be complete to reinstate. Please include with this application copies of certificates of completion.**

**On the lines provided below please update your address and telephone numbers.**

Simply indicate **NO CHANGE** if you are sure we have your current information.

Business (mailing) address:

Resident address:

_____	...Address Line 1...	_____
_____	...Address Line 2...	_____
_____	...City, State, Zip Code	_____
_____	...Phone # / Fax #	_____
_____	...Email address...	_____

**I certify that all information I have supplied on this application is complete, true and correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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